

Gustavo T. Villanueva (PROSE)  
1301 Cougar Creek Drive  
Patterson, California 95363  
U.S.A.  
(408) 655-8990

Plaintiff

FILED

ADR

2007 DEC 13 A 8:13

RICHARD W. WIEKING  
CLERK  
U.S. DISTRICT COURT  
N.D. DIST. OF CAL. S.J.

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA  
SAN JOSE DIVISION

Gustavo T. Villanueva,	)	No. <b>C07-05721 PVT</b>
Plaintiff,	)	
	)	
v.	)	CERTIFICATE OF
	)	SERVICE BY U.S. MAIL;
Condoleezza Rice as Secretary of the	)	PROOF OF SERVICE
United States Department of State,	)	
Maura Harty, Consuelo Pachon ,	)	
and Kevin Lewis Spriggs	)	
Defendants.	)	

I, GUSTAVO T. VILLANUEVA, do hereby certify that I have served all Defendants in this action with true and correct filed copies of the pleadings and documents hereinbelow specified by mailing same on 26<sup>th</sup> of November 2007 to the following addresses:

Pleadings and Documents:

1. Amended Action Declaratory Judgment to Establish U.S. Citizenship;
2. Demand for Jury trial; and
3. Summons in Civil Case.

Parties Served:

~~Dr. Condoleezza Rice~~  
~~Secretary of State~~  
~~7<sup>th</sup> Floor, Office S, HST,~~

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

United States Attorney's Office  
150 Almaden Blvd. Suite 900  
San Jose CA 95113

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent  
*[Signature]*

B. Received by (Printed Name)

*[Signature]*  
12/27/07

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from serv.)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

~~U.S. Department of State~~  
~~2201 C Street NW,~~  
~~Washington, DC 20520~~

~~Maura Harty~~~~Assistant Secretary for Consular Affairs~~~~U.S. Department of State~~~~2201 C Street NW,~~~~Washington, DC 20520~~~~Consuelo Pachon~~~~Passport Services, Attorney Advisor~~~~U.S. Department of State~~~~2100 Pennsylvania Avenue NW Suite 3~~~~Washington, DC 20037~~~~Kevin Lewis Spriggs~~~~Special Issuance Agency~~~~1111 19<sup>th</sup> St NW Room 200~~~~Washington, DC 20522-1705~~United States Attorney's Office<sup>1</sup>

150 Almaden Blvd. Suite 900

San Jose, CA 95113

Proof of Service: Proof of Service has been attached herein.

RESPECTFULLY SUBMITTED,

*Gustavo T. Villanueva*  
Gustavo T. Villanueva  
1301 Cougar Creek Drive  
Patterson, CA 95363

657 Gridley Street  
San Jose, CA 95127

DATED: 10DEC2007

<sup>1</sup> No Summons in Civil Case was issued to the US Attorney's Office. However, copies of the summons issued to each Defendant were sent to the United States Attorney's Office.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><i>United States Attorney's Office</i>  <i>150 Almaden Blvd. Suite 900</i>  <i>San Jose CA 95113</i></p>		<p>B. Received by (Printed Name) <i>R. Torres</i> C. Date of Delivery  <i>11/27/07</i></p>	
<p>2. Article Number          (Transfer from serv.) <i>7006 3450 0001 4855 1278</i></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	\$5.70
Certified Fee		\$2.65
Return Receipt Fee (Endorsement Required)		\$2.15
Restricted Delivery Fee (Endorsement Required)		\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$10.50</b>

Postmark: *NOV 27 2007*

Sent To: *US Attorney's Office*  
 Street, Apt. No., or PO Box No.: *150 Almaden Blvd. Suite 900*  
 City, State, ZIP+4: *San Jose, CA 95113*

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <u>T. Roy</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>T. Roy</u> C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  <b>RECEIVED</b> at: _____	
1. Article Addressed to: <u>Dr. Condoleezza Rice</u> <u>Secretary of State</u> <u>2201 C. Street N.W.</u> <u>Washington D.C. 20520</u>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) <u>7007 1490 0000 3851 7431</u>			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service <sup>TM</sup>	
CERTIFIED MAIL <sup>TM</sup> RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICIAL USE	
Postage	\$ <u>5.50</u>
Certified Fee	\$ <u>5.50</u>
Return Receipt Fee (Endorsement Required)	\$ <u>0.15</u>
Restricted Delivery Fee (Endorsement Required)	\$ <u>0.00</u>
Total Postage & Fees	\$ <u>11.15</u>
Postmark Here	
12/10/2007	
Sent To <u>Dr. Condoleezza Rice</u>	
Street, Apt. No., or PO Box No. <u>2201 C. Street N.W.</u>	
City, State, ZIP+4 <u>Washington DC 20520</u>	
PS Form 3800, August 2006 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><i>Maura Harty</i>  <i>Department of State</i>  <i>2201 C. Street N.W.</i>  <i>Washington D.C. 20520</i></p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery <i>11-26-07</i></p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number</p> <p>(Transfer from service) <i>7007 2560 0001 0200 2837</i></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7007 2560 0001 0200 2837

U.S. Postal Service	
<b>CERTIFIED MAIL RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage	\$ <i>17.50</i>
Certified Fee	\$ <i>2.00</i>
Return Receipt Fee (Endorsement Required)	\$ <i>2.00</i>
Restricted Delivery Fee (Endorsement Required)	\$ <i>2.00</i>
Total Postage & Fees	\$ <i>23.50</i>
Postmark Here	
Sent To <i>Maura Harty</i>	
Street, Apt. No., or PO Box No. <i>2201 C. Street NW</i>	
City, State, ZIP+4 <i>Washington D.C. 20520</i>	
PS Form 3800, August 2006 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>T. Atkins</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <b>Kevin Lewis Spriggs</b> <b>SIA</b> <b>1111 19th St. NW Rm200</b> <b>Washington D.C. 20522</b>		B. Received by (Printed Name)	C. Date of Delivery <b>11/23/07</b>
2. Article Number (Transfer from service label) <b>7007 2560 0001 0200 2820</b>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery <input type="checkbox"/> Yes	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7007 2560 0001 0200 2820

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<b>CERTIFIED MAIL<sup>TM</sup> RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a> .	
<b>OFFICIAL USE</b>	
Postage	\$ 7.50
Certified Fee	\$2.65
Return Receipt Fee (Endorsement Required)	\$2.15
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$12.30
Postmark Here	
12/20/2007	
Sent To <b>Kevin Lewis Spriggs</b>	
Street, Apt. No., or PO Box No. <b>1111 19th Street NW #200</b>	
City, State, ZIP+4 <sup>®</sup> <b>Washington D.C. 20522-1705</b>	
PS Form 3800, August 2004 See Reverse for Instructions	


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## Track & Confirm

### Search Results

Label/Receipt Number: 7007 2560 0001 0200 2813

Detailed Results:

- Delivered, November 26, 2007, 5:59 pm, WASHINGTON, DC 20037
- Notice Left, November 23, 2007, 1:59 pm, WASHINGTON, DC 20037
- Arrival at Unit, November 23, 2007, 11:51 am, WASHINGTON, DC 20037
- Acceptance, November 20, 2007, 2:17 pm, SAN JOSE, CA 95112

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For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a> .		
OFFICIAL USE		
Postage	\$ 7.50	0000
Certified Fee	\$2.65	12
Return Receipt Fee (Endorsement Required)	\$2.15	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 12.30	11/23/2007
Sent To <u>Consuelo Pachon</u>		
Street, Apt. No., or PO Box No. <u>2100 Pennsylvania Ave</u>		
City, State, ZIP+4 <sup>®</sup> <u>Washington DC 20037</u>		
PS Form 3800, August 2006 See Reverse for Instructions		